

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 04/21/2011  
FORM APPROVED  
OMB NO. 0938-0391

45th

6/04/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445071		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/20/2011	
NAME OF PROVIDER OR SUPPLIER  CLAIBORNE COUNTY NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 1850 OLD KNOXVILLE ROAD TAZEWELL, TN 37879			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 176 SS=D	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to assure one resident (#12) was assessed prior to self administration of a medication of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #12 was admitted to the facility on October 7, 2010, with diagnoses including Congestive Heart Failure and Asthma.</p> <p>Medical record review of a Physician's Order dated April 19, 2011, revealed, "...add Albuterol...q(every) 4 (four) hours...continue albuterol routine..."</p> <p>Observation of resident #12 in the resident's room on April 19, 2011, at 9:25 a.m., revealed a nebulizer mask placed around the resident's mouth in the on position and no facility staff in the room.</p> <p>Interview with Registered Nurse (RN) #1 at the first floor nurse's desk on April 19, 2011, at 9:40 a.m., revealed RN #1 placed the nebulizer mask, turned the nebulizer machine to the on position, placed the Albuterol inside the plastic cylinder, and attached the nebulizer mask and left the</p>			F 176	<p>F 176</p> <p>Resident #12, affected by this deficient practice, received education and the completion of the Self Administration form assessment by the R.N. for self administration of hand held nebulizer treatments on 04/19/2011. Resident # 12 was successful in meeting the established criteria and approved for self administration of hand held nebulizer treatments after the nurse inserts the medication into the delivery device. Date of Completion: 04/19/2011</p> <p>The licensed staff member identified as involved in the deficient practice was educated by the Director of Nursing on the importance of compliance with facility policies and procedures, with the Medication Self Administration policy and procedure stressed at this time. Date of Completion: 04/19/2011</p> <p>100% of the licensed nursing staff will be educated on the importance of compliance with facility policies and procedures,</p>		<p>4/19/2011</p> <p>4/19/2011</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Tu S Brown**Administrator**5/4/2011*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 176 SS=D	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to assure one resident (#12) was assessed prior to self administration of a medication of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #12 was admitted to the facility on October 7, 2010, with diagnoses including Congestive Heart Failure and Asthma.</p> <p>Medical record review of a Physician's Order dated April 19, 2011, revealed, "...add Albuterol...q(every) 4 (four) hours...continue albuterol routine..."</p> <p>Observation of resident #12 in the resident's room on April 19, 2011, at 9:25 a.m., revealed a nebulizer mask placed around the resident's mouth in the on position and no facility staff in the room.</p> <p>Interview with Registered Nurse (RN) #1 at the first floor nurse's desk on April 19, 2011, at 9:40 a.m., revealed RN #1 placed the nebulizer mask, turned the nebulizer machine to the on position, placed the Albuterol inside the plastic cylinder, and attached the nebulizer mask and left the</p>	F 176	<p>F176 Cont'd.</p> <p>with emphasis on the Medication Self Administration process by the Director of Nursing.</p> <p>Attendance of education session will be verified by participants' signature on the "sign-in" sheet.</p> <p>Date of Completion: 05/31/2011</p> <p>100% of Residents that have orders for hand held hand held nebulizer treatments will have education and assessment of ability for self administration.</p> <p>The Self Administration form will be completed by the nurse for each applicable Resident with documented criteria based results for approval or disapproval for self-administration of HHN. The Assistant Director of Nursing is responsible for oversight of this process. Date of Completion: 05/31/2011</p> <p>We will complete a 100% review of HHN orders for Resident education, assessment and the completion of the Self Administration form. The number of residents' having the</p>	5/31/2011	
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F 176 SS=D	<p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to assure one resident (#12) was assessed prior to self administration of a medication of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #12 was admitted to the facility on October 7, 2010, with diagnoses including Congestive Heart Failure and Asthma.</p> <p>Medical record review of a Physician's Order dated April 19, 2011, revealed, "...add Albuterol...q(every) 4 (four) hours...continue albuterol routine..."</p> <p>Observation of resident #12 in the resident's room on April 19, 2011, at 9:25 a.m., revealed a nebulizer mask placed around the resident's mouth in the on position and no facility staff in the room.</p> <p>Interview with Registered Nurse (RN) #1 at the first floor nurse's desk on April 19, 2011, at 9:40 a.m., revealed RN #1 placed the nebulizer mask, turned the nebulizer machine to the on position, placed the Albuterol inside the plastic cylinder, and attached the nebulizer mask and left the</p>			F 176	<p>F176 Cont'd.</p> <p>completed Self Administration form and proper documentation of meeting or not meeting the established criteria divided by the total number of residents' with orders for HHN will yield the compliance rate with the policy and procedure for Self Administration of Medication. Expected compliance is 100%. The compliance data will be collected and aggregated monthly by the Assistant Director of Nursing. Results of audit will be reported to the Administrator, Director of Nursing and Medical Director through the Quality Management Committee monthly for 3 months or until 100% compliance is achieved and sustained. Responsible persons: Director and Assistant Director of Nursing. Date of Completion: 05/31/2011.</p>		5/31/2011
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F 176	Continued From page 1 room.	F 176			
F 252 SS=D	<p>Interview with the facility Minimum Data Set (MDS) coordinator at the first floor nurse's desk, on April 19, 2011, at 9:45 a.m., confirmed the resident had not been assessed for self administration of medications prior to self administration.</p> <p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide an environment free of objectionable odors for one resident (#4) of twenty-four sampled residents.</p> <p>The findings included:</p> <p>Observation of resident #4's room during initial tour on April 18, 2011, at 10:20 a.m., revealed no resident in the room at that time and a strong urine odor was noted.</p> <p>Observation on April 19, 2011, at 9:00 a.m., revealed resident #4 lying in bed and the room continued to have a strong urine odor.</p> <p>Observation on April 19, 2011, at 10:45 a.m., revealed the resident was no longer in the room but a foul odor remained.</p>	F 252	<p><b>F252</b> Immediately after nursing made housekeeping aware of the deficient practice involving Resident # 4's room with a foul odor, the mattress was checked and a very small opening of the cover was identified. The mattress was immediately replaced and the foul odor was eliminated. Date of Completion: 04/19/2011.</p> <p>100% of resident mattresses will be inspected for any cracks or openings in the mattress cover by direct care staff when changing bed linen. Any openings of mattress cover are to be reported to the Director or Assistant Director of Nursing immediately for replacement. Responsible person: Director or Assistant Director of Nursing. Date of Completion: 04/22/2011</p>	<p>4/19/2011</p> <p>4/22/2011</p>	

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F 176	Continued From page 1 room.	F 176			
F 252 SS=D	<p>Interview with the facility Minimum Data Set (MDS) coordinator at the first floor nurse's desk, on April 19, 2011, at 9:45 a.m., confirmed the resident had not been assessed for self administration of medications prior to self administration.</p> <p>483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT</p> <p>The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide an environment free of objectionable odors for one resident (#4) of twenty-four sampled residents.</p> <p>The findings included:</p> <p>Observation of resident #4's room during initial tour on April 18, 2011, at 10:20 a.m., revealed no resident in the room at that time and a strong urine odor was noted.</p> <p>Observation on April 19, 2011, at 9:00 a.m., revealed resident #4 lying in bed and the room continued to have a strong urine odor.</p> <p>Observation on April 19, 2011, at 10:45 a.m., revealed the resident was no longer in the room but a foul odor remained.</p>	F 252	<p><b>F252 Cont'd.</b> 100% of direct care staff will be educated by the Director of Nursing on the importance of proper inspection of mattresses when performing linen changes to identify and immediately report any openings of the mattress cover to the shift supervisor so mattress can be replaced. Date of Completion: 05/31/2011</p> <p>Housekeeping Supervisor to perform random monitor of residents' mattresses weekly to ensure cleanliness and intact cover. The Supervisor will log her findings and provide data to the Director of Nursing weekly for aggregation and trending. # of mattresses checked that are clean and odor free with intact cover / total # of mattresses monitored = rate of compliance. The results of</p>	5/31/2011	

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F 252	Continued From page 2  Interview with the RN (Registered Nurse) Supervisor on April 19, 2011, at 10:50 a.m., confirmed the foul odor and immediately contacted housekeeping.  Interview with the Housekeeper on April 19, 2011, at 11:00 a.m., confirmed the odor was coming from the resident's mattress and proceeded to wash the mattress.  Observation on April 19, 2011, at 3:00 p.m., revealed the room no longer had an objectionable odor after the mattress was cleaned.	F 252	<b>F252 Cont'd.</b>  this monitor will be reported monthly to Administrator and Medical Director through the Quality Management Committee for three months or until 100% compliance achieved and sustained. Expected compliance is 100%. Responsible person: Director of Nursing Date of Completion: 05/31/2011		5/31/2011
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to complete a bowel and bladder assessment and develop an individualized toileting plan for one resident (#13) of twenty-four residents reviewed.  The findings included:	F 315	<b>F315</b> The MDS Coordinator completed a Bowel and Bladder assessment and an individualized toileting program was established for Resident #13 identified in this deficient practice. Date of Completion: 04/29/2011  100% of the Residents will be assessed for having a completed Bowel and Bladder assessment form completed and an individualized toileting plan implemented as applicable. Responsible person: MDS Coordinator. Date of Completion: 05/31/2011		4/29/2011  5/31/2011

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F 252	Continued From page 2  Interview with the RN (Registered Nurse) Supervisor on April 19, 2011, at 10:50 a.m., confirmed the foul odor and immediately contacted housekeeping.  Interview with the Housekeeper on April 19, 2011, at 11:00 a.m., confirmed the odor was coming from the resident's mattress and proceeded to wash the mattress.  Observation on April 19, 2011, at 3:00 p.m., revealed the room no longer had an objectionable odor after the mattress was cleaned.	F 252	<b>F315 Cont'd.</b>  100% of the licensed staff will be educated on the importance of complying with the policy and procedure of Bowel and Bladder assessment and the development of individual toileting plans if applicable. 100% of the direct care staff will be educated on the importance of complying with individualized toileting plans and proper documentation. Staff attendance will be verified by participants' signatures on Attendance sheet. Education will be completed by the Director of Nursing. Date of Completion: 05/31/2011.		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER  Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to complete a bowel and bladder assessment and develop an individualized toileting plan for one resident (#13) of twenty-four residents reviewed.  The findings included:	F 315	Monitoring compliance with be determined by aggregating data collected by the MDS Coordinator. # of completed bowel and bladder assessments / # of resident charts reviewed = compliance rate. Expected rate of compliance is 100%. # of documented compliance with residents' individualized toileting plan / total # of residents with individualized toileting plans =	5/31/2011	

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F 315	Continued From page 3 Resident #13 was admitted to the facility on March 17, 2011, with diagnoses including Pneumonia and Congestive Heart Failure. Continued medical record review of the Minimum Data Set (MDS) dated March 17, 2011, revealed no limitations on making self understood, no limitations on understanding others and was occasionally incontinent of bowel and urine.  Interview and medical record review with the facility MDS Coordinator, in the facility dining room, on April 19, 2011, at 2:01 p.m., confirmed the resident had not been assessed for a bowel and bladder program, and an individualized toileting program had not been developed.	F 315	<b>F315 Cont'd.</b>  compliance rate. Expected rate of compliance is 100%. Data will be aggregated and reported monthly for three months to the Administrator and Medical Director by the Director of Nursing through the Quality Management Committee. Date of Completion: 05/31/2011		5/31/2011
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.	F 441	<b>F441</b> Immediately after the nurse became aware of the deficient practice involving Resident #2 the improperly stored suction equipment was removed and disposed of. New suction equipment was placed in the residents' room in the proper storage container by the nurse. Date of Completion: 04/19/2011  100% of residents with orders for suctioning were reviewed for proper storage of equipment in a sealed container by the Assistant Director of Nursing. All others were properly stored. Date of Completion: 04/19/2011.		4/19/2011  4/19/2011

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F 441	<p>Continued From page 4</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to maintain sanitary conditions for a suction catheter for one resident (#2) of twenty-four residents reviewed.</p> <p>The findings included:</p> <p>Resident #2 was readmitted to the facility on January 31, 2011, with diagnoses including Joint Contractures, Alzheimer's Disease, and Hypothyroidism.</p> <p>Medical record review of the Minimum Data Set dated March 1, 2011, revealed the resident was dependent for all activities of daily living and received nutrition through a percutaneous endoscopic endoscopic gastrostomy (PEG) tube.</p> <p>Observation during the initial during on April 18, 2011, in the resident's room revealed the resident had a suction machine with clear liquid in the</p>	F 441	<p><b>F441 Cont'd.</b></p> <p>100% of the licensed staff will be re-educated on the importance of proper storage of suctioning equipment by the Director of Nursing. Attendance for education will be verified by participants' signature on the Attendance sheet. Date of Completion: 05/31/2011</p> <p>Compliance rate will be determined by # of suction catheters properly stored in closed container/ total # of residents with suction equipment &amp; orders = rate of compliance. Expected compliance is expected to be 100%. Daily walk through rounds by the Charge Nurses will be used to gather the compliance data. The charge Nurses will provide the data to the Director of Nursing who will aggregate it and report compliance rate to Administrator and Medical Director monthly for three months through the Quality Management Committee. Date of Completion: 05/31/2011</p>		5/31/2011

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445071	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/20/2011
NAME OF PROVIDER OR SUPPLIER  CLAIBORNE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1850 OLD KNOXVILLE ROAD TAZEWELL, TN 37879		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 441	<p>Continued From page 5</p> <p>container, sitting on a bedside night stand. Continued observation revealed the suction tubing had the suction catheter attached to the tubing placed under the suction machine without any type protection of the suction catheter.</p> <p>Observation on April 19, 2011, at 8:30 a.m., 12:40 p.m., and 1:20 p.m., in the resident's room revealed the suction container continued to have the clear liquid in the container and the suction catheter was placed under the suction machine without any type of protection of the suction catheter.</p> <p>Interview on April 19, 2011, at 1:20 p.m., with RN #1 (registered nurse), in the resident's room, confirmed the suction catheter was to be in a plastic bag for protection and confirmed the suction container had not been emptied.</p> <p>Interview with the Assistant Director of Nursing on April 20, 2011, at 9:55 a.m., in the hallway, confirmed the suction catheter was to be in a closed bag for protection.</p>	F 441			